

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584232

FILING DATE

17 FEB 2007

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		/		
3		2		/		
4		2		/		
5		0		/		
6		0		/		
7		0		/		
8		0		/		
9		0		/		
10	/		/			
11		1		/		
12		2		/		
13		0		/		
14		0		/		
15	/		/			
16		1		/		
17		2		/		
18		0		/		
19	/		/			
20		1		/		
21		1		/		
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49						
50						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	22	←	18	←		←
TOTAL CLAIMS	26		22			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						